

# **COUNSELOR-IN-TRAINING**

## **Application - 2010**

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Completed June 2010: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Participant's Cell Phone: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 1 Cell Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Parent 2 Cell Phone: \_\_\_\_\_

**Emergency Contact Information:** please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Why are you applying for participation in the Counselor-In-Training (CIT) Program?

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2. What benefits do you hope to gain from participating in the program?

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3. In your opinion, what is the value of Summer Playgrounds to the Newington Community?

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4. What skills do you have that enable you to succeed in this position?

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5. What do you think are the most important qualities someone should have in order to work with children?

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6. What extracurricular activities are you involved in?

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7. What do you consider to be your greatest accomplishment?

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8. List any work experience (both volunteer and paid) that you may have.

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9. Additional comments or pertinent information you wish to add:

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***I hereby certify this information is true and correct.***

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

➤ **Please attach a letter of recommendation to this form.**